The Effects of Interpreter Services on Client Satisfaction in Social Services

RaeAnn C. Hagen
St. Catherine University

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The Effects of Interpreter Services on Client Satisfaction in Social Services

by

RaeAnn C. Hagen, B.S.W., L.S.W.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members
Dr. Pa Der Vang, Ph. D., MSW, LICSW, LCSW (Chair)
Clare Thompson, MSW, LICSW
Sandra Acuna, Spanish Interpreter

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
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The nature of the social work profession requires practitioners to be cognizant of social injustices. Social workers must be aware of the individual and systematic factors contributing to inequality. These factors inhibit access to information, services, and resources. Social workers encourage reform that not only acknowledges the prevalence of societal oppression, but work to change and abolish the various forms (National Association of Social Workers, 1999).

The purpose of this quantitative study is to examine a growing inequality within American and international societies. The research seeks to explore how language barriers affect social work practice. In particular, the research question is to determine the relationship between interpreter service type and client satisfaction. With a recent estimate of the number of languages in the United States being 245, this inquiry is incredibly applicable to current social work practice (Lewis, 2009). Social workers are devoted to supporting communities and advancing culturally competence services. Therefore, social workers must also fully understand the role of communication and be mindful that “things are not always what they seem and it is easy to draw the wrong conclusion” (Dawood & Bains, 2011, p. 56).

In order to build a comprehensive knowledge base, this study began by conducting a review of past studies pertaining to language barriers in addition to the relationship between interpreter services and social services. The data collection methods and safeguard for research with human subjects are outlined. Using a questionnaire, data was collected and analyzed using SPSS 21, a statistical analysis software. The results of the statistical analysis will be used to compare with findings from the literature. A discussion regarding the effect that language barriers, with emphasis on the use of two
interpreter services, have on client satisfaction with social services along with implications and plans for future research will follow.

**Literature Review**

*Education*

Adapting practitioner competence. In wake of, “changing demographic patterns and transient populations means that… workers need to familiarize themselves and rapidly assimilate cultural knowledge so that they can respond in a competent way to [clients] who have a different cultural background to their own” (Dawood & Bains, 2011, p. 55). Studies have shown that, “language barriers at the reception desk and in consultation are common. [Social service] authorities lack knowledge about the languages spoken in their districts and of the extent of the need for interpreter services” (Jones & Gill, 1998, p. 1445).

Multifaceted skills are required for working across cultures and languages. The findings of O’Hara and Akinsulure-Smith’s (2011) study, examining the tools for clinicians conducting psychotherapy influenced by language barriers, discusses the necessity for fully-equipped professionals. The study found that, “working with interpreters in the clinical setting is often a challenging and complex process for which mental health professionals are rarely prepared” (O’Hara & Akinsulure-Smith, 2011, p. 33). In order to ethically respond, “it is the responsibility of programs, training sites, supervisors, and institutions to help teach how to work with interpreters” (O’Hara & Akinsulure-Smith, 2011, p. 33).
Gaining student interest. Studies show that, “the number of bilingual practitioners who are confident to consult in a language other than the one they are educated with is much smaller than the number of [clients] demanding such service” (Li, Pearson & Escott, 2010 p. 387). Therefore, recruitment of bilingual practitioners would lead to significant strides in understanding and overcoming language barriers. This will include improving and expanding current education methods. Research shows that, “current consultation models widely used for communication skills training at undergraduate and post-graduate levels are based on monolingual assumptions” (Li, Pearson & Escott, 2010, p. 387). Adjusting curriculum to include discussion on language barriers and bilingual practice could be a positive influence on students.

Communication

Social service satisfaction. Overcoming language barriers can improve client and practitioner perspectives of social services. A study examining consultations in primary care states that previous, “studies have shown that patients’ satisfaction in relation to health services and the outcome of healthcare is closely related to doctors’ ability to communicate with patients” (Li, Pearson & Escott, 2010, p. 386). Therefore, it is critical for social services to acknowledge the prevalence of language barriers and the need for effective interpreter programs.
Professional relationships. Practitioners working with limited English proficient populations must be attuned to their clients “cultural bereavement and coping with deeply disruptive change which are widely shared experiences of migration” (Jones & Gill, 1998, p. 1444). Information on social workers perceptions of serving refugee populations is limited, “perhaps reflecting the low level of priority that refuges received on the national agenda” (Jones & Gills, 1998, p. 1444). However, the small-scale studies that do exist show the need for significant improvements.

Consequences of inadequate communication. Inability to overcome language barriers in social service practice can have negative results. Recent research on primary healthcare included a review of studies of quality of care in language-discordant… consultations in a variety of countries revealing that patients with limited English proficiency are more likely to be admitted to the hospital, to have longer hospital stays and to receive wrong diagnosis or medications… patients also have less access to the usual sources of care and lower rates of physician visits and preventive services, and have poorer adherence to treatment or follow-up (Li, Pearson & Escott, 2010, p. 387).

Moreover, “wide gaps in understanding of common medical and psychological terms between physicians and patient are not unusual and have been well documented. Such gaps may be accentuated further when there is a stark cultural difference between the physician and the patient” (Dawood & Bains, 2011, p. 56).

The literature portrays a clear picture of just how devastating the outcomes of practice that is unequipped to overcome language barriers can be. Moreover, “failure to
appreciate the relevance of culture and language… can have serious consequences… and
give rise to situations where consent is not truly informed and [clients] do not have an
adequate understanding of diagnosis and treatment. [Clients’] beliefs and practices can
be misunderstood and clinical findings misinterpreted, resulting in at best unnecessary
investigations, and at worst preventable morbidity and mortality” (Dawood & Bains,
2011, p. 56).

Professional and Ad Hoc Interpreters

Understanding and accessing services. Circumstances that lead clients to seek
social services have the tendency to be both sensitive and emotional. Therefore, “added
variation due to cultural diversity serves to highlight the importance of using a trained…
interpreter who is also familiar with the normative cultural values” (Dawood & Bains,
2011, p. 56). Ideally, an interpreter is a “well-balanced bilingual who has equal
proficiency in both languages and understands the nature of the role of [social service]
interpreter although such ideals hardly exist in reality” (Li, Pearson, & Escott, 2010, p.
387).

There are three major types of interpreting services available in social services.
The services include telephone, face-to-face, and ad hoc interpreters (Li, Pearson &
Escott, 2010, p. 387). Research shows that, “compared to ad hoc interpreters (family
members, friends, untrained medical and non-medical staff, and strangers), professional
interpreters are more related to the high quality of care” (Li, Pearson & Escott, 2010 p.
387). Even though the call for professional interpreters is increasing, there are still a
multitude of practices, “which do not have access to professional interpreter services
either because there is no stable interpreting service provider or the practices do not have
the budget for it” (Li, Pearson & Escott, 2010, p. 387). The research presents, “the fact that some patients’ prefer their family members to interpret for them also makes these *ad hoc* interpreters indispensable for some time until a language service can be provided to suffice all the [clients’] needs” (Li, Pearson & Escott, 2010, p. 387).

According to federal guidelines, “under Title VI of the Civil Rights Act of 1964… recipients of federal financial assistance… have a responsibility to ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities” (National Archives and Records Administration, 2004, p. 1763). Despite organizational barriers to providing stable, professional interpreter services, social service recipients must “ensure that LEP persons can effectively participate in or benefit from federally assisted programs and activities” (National Archives and Records Administration, 2004, p. 1763). The policy “reiterates the longstanding position that, in order to avoid discrimination against LEP persons on the grounds of national origin, recipients must take reasonable steps to ensure that such persons have meaningful access to the programs, services, and information those recipients provide (National Archives and Records Administration, 2004, p. 1763).

Yet, when interpreting services are offered within social service settings, an unfortunately reality is that the available options “are [commonly] inadequate, with heavy and inappropriate reliance placed on family and friends to interpret. Consequently, the care received by minority ethnic communities is often compromised, with both patients and [practitioners] disadvantaged” (Gerrish, Chau, Sobowale & Birks, 2004, p. 408). Furthermore, “sometimes the client doesn’t know how to say that they need an interpreter, so they can’t request one… Service demands only come when that person can
speak some English and is able to ask for an interpreter. It’s the initial communication
that needs to be bridged” (Gerrish, Chau, Sobowale & Birks, 2004, p. 411).

**The issue of confidentiality.** Research shows, “that the content of advice and
guidance on critical matters such as compliance with treatment regimes might not be
fully understood, psychological support of patients and [practitioners] may be limited,
and privacy and confidentiality may be compromised. Additionally, practitioners may
not have received training in using interpreters, with the result that interpreters are not
used effectively” (Gerrish, Chau, Sobowale & Birks, 2004, p. 408).

Inadequate interpreter training and resources, results in clients needing to rely on
personal means to assist the communication. The social work profession’s commitment
to confidentiality is further jeopardized. A study examining the utilization of interpreting
services presented the perspectives of minority ethic groups and a range of practitioners
to display the breach of confidence. A Somali woman reported, “if they can’t find
anybody [to interpret], I take one of my kids. Some sickness you can’t tell your kids,
when you have problems, abdominal something like that, you can’t tell your child to talk
with the nurse” (Gerrish, Chau, Sobowale & Birks, 2004, p. 409).

**Conceptual Framework**

Using the lens of the social work profession, evaluating the research question, “Is
there a correlation between type of interpreter service and client satisfaction for
individuals utilizing interpreters in social service settings?” will include an emphasis on
particular theoretical perspectives. The ecological paradigm, systems theory, and
oppression theory will draw on environmental, institutional and cultural considerations
that are pertinent throughout the study. These were used as a working model to formulate the methods and construct an applicable discussion.

**Ecological Paradigm**

Also known as Person-in-Environment, the ecological paradigm was developed from a study conducted by H. Warren Duhman at the University of Chicago. Duhman examined over a decade of data from patients treated in public and private psychiatric institutions. The resulting hypotheses expanded current understanding of human behavior (Catalano, 1979). Societal norms are specific to the social context or atmosphere and therefore, a product of socialization (Catalano, 1979).

Periods of transition such as immigrating or seeking refuge from one country to another may cause behavior and perception to be viewed as abnormal (Catalano, 1979). This aspect of the ecological paradigm is especially relevant when examining satisfaction within cross-cultural social services. Moreover, “the transition from old behavior patterns to new ones created a population at risk which could be expected to exhibit behavior appropriate in old settings but not in new, or behavior reflective of an, as yet, incomplete understanding of new moral systems, role expectations, and physical surroundings” (Catalano, 1979, p. 158).

A strength of the ecological paradigm is the ability to utilize empirical research through a wider, more inclusive lens in examining the relationship between behavior and community (Catalano, 1979). In reference to this study, both individual and structural factors contribute to client satisfaction in social services. This wide stance may also be a limitation. It is not only difficult to expand practitioner skills to the necessary degree, but
it decreases the feasibility of brokering essential resources (Catalano, 1979). Therefore, discussion pending the results of the Client Satisfaction Questionnaire will address implications for improving available interpreter services (Attkisson & Zwick, 1982).

**Systems Theory**

Systems theory breaks down the ecological paradigm into macro, meso and micro levels. The macro level involves society and institutions at large, primarily indicating organizations at the statewide, national or global levels. Meso systems include those at the community level. Micro systems are characterized as individuals, families, and groups (Urdang, 2002). The three levels are then “addressed from two perspectives: the first involves the processes of systemic interaction… The second aspect… involves looking at major systemic issues and how they affect people” (Urdang, 2002, p. 22). To effective examine the relationship between interpreter service and client satisfaction, the research will address systemic interaction through inclusion of support systems and resource awareness as well as identify systemic issues just as discrimination or unfair treatment within a social service setting.

**Oppression Theory**

Oppression, by definition, is “cruel or unjust exercise of authority or power over an individual and/or group of people” (Hardy & Laszloffy, 2000, p. 111). It is also characterized by an enduring, sustained, and intense experience (Hardy & Laszloffy, 2000). Oppression continues to be experienced by those living within the United states even though the “ignorance and cruelty have evolved over the past 200 years and no longer are as blunt and audacious as they once were” (Hardy & Laszloffy, 2000, p. 113). The effects of oppression, including power differentials, are measured on a continuum
and resurrect throughout American culture (Hardy & Laszloffy, 2000). Therefore, their presence creates a pebble in a pond reaction, influencing all members of society (Hardy & Laszloffy, 2000).

Oppression is found on primary and secondary levels. Primary level oppression includes accessibility to resources, objectification, and inability to personally frame experience within the society context (Hardy & Laszloffy, 2000). Secondary level oppression includes internalization as well as adaptation of oppressive behavior (Hardy & Laszloffy, 2000). The prospective sample of this study, being non-native English speaking individuals, is members of the minority language speaking population. The researcher will view the presented question in mind of oppressive factors and the possible impact on questionnaire findings.

**Methodology**

**Research Purpose and Design**

The purpose of this study was to identify the relationship between the use of interpreter services and client’s satisfaction with social services. The questionnaire designed to measure this relationship emerged through themes in the literature including confidentiality issues and type of interpreter service. Other factors that were examined are demographic information such as age, gender, race, primary language spoken at home, years of education in America, and income. This research was grounded in a conceptual framework emphasizing the ecological paradigm, systems theory and oppression theory. Consideration of environmental factors and beliefs regarding the
effects of systemic interactions and personal experience of oppression were examined in the procedural, sampling, and collection processes.

**Data Collection Instrument and Analysis**

In this quantitative analysis, the questionnaire was tailored to meet the needs of the chosen sample population. This included, but was not limited to, translating the questions to a non-English language. The questionnaire was written in a Likert Scale format. The primary variables examined are the type of interpreter service as categorized in the literature review, professional or ad hoc, and client satisfaction. A statistical analysis followed in order to determine the significance of the relationship between the two variables.

**Sampling Method and Data Collection Process**

The researcher of this quantitative analysis employed random, convenience sampling. This method is typically used, and is most effective, with “exploratory research where the researcher is interested in getting an inexpensive approximation of the truth. As the name implies, the sample was selected because [it is] convenient. This non-probability method is often used during preliminary research efforts to get a gross estimate of the results” (Walonick, 2013). Due to barriers surrounding accessibility and literacy, neither a purely random nor systematic sampling method was readily feasible within the allotted timeframe. The researcher randomly selected participants while simultaneously using convenience sampling.

Recruitment of participants took place by the researcher with assistance of an interpreter. The questionnaire was administered “to a group of respondents who have
gathered at the same place at the same time” (Rubin & Babbie, 2001, p. 364). In Spring of 2014, the questionnaire was administered to a minimum of 40 individuals who had utilized interpreter services for means of communicating or participating in human or social services. The participants were randomly chosen from the population shopping at Hmong Village in St. Paul, Minnesota. All participants, and those who declined to participate, were asked if they would consider answering a questionnaire regarding client satisfaction with interpretative and social services. When they said yes, the researcher and interpreter read through the *Letter of Informed Consent* and received confirmation that the individual understood their rights as a participant before providing the self-administered questionnaire.

**Measures for Protection of Human Subjects**

A *Letter of Informed Consent* was designed to ensure ethical standards were met in the administration process and reporting of the questionnaire findings. The letter was translated in writing and administered to each individual as the first step to potential participation. All necessary background information, procedures, risks and benefits of being in the study, confidentiality, voluntary nature of the study, and contact information if questions should arise were also provided.


Confidentiality. The information obtained in connection with this research study is not identifiable with the participants, meaning the answers to the questionnaire are anonymous and the results have been kept confidential. Signing of the consent form was waived by St. Catherine’s Institutional Review Board, therefore no participate will be linked to their completed questionnaire. The only categorizing or labeling that took place entailed each of the questionnaires being numbered for statistical analysis purposes. Participants will not be identified in any written reports or publications, meaning only general data will be used. The physical copies of the questionnaires will be kept in a locked file in the researcher’s internship office and will be destroyed by June 1, 2014. The SPSS dataset will be kept on a USB device in a locked file in the researcher’s internship office and will be destroyed by June 1, 2014. The statistical analysis of the relationship between interpreter service type and client satisfaction will be used for educational purposes, but general data used in the report is reviewable by the public via the Internet.

Risks and benefits of being in the study. This study had minimal risks to participants. Participants were asked to answer questions regarding the type of interpreter service most commonly used and their satisfaction with social services. Participants were allowed to stop the questionnaire at any time with no repercussions. The study had no direct benefits to participants. However, gaining knowledge on the relationship between the use of interpreter service types and client satisfaction with social services was used for educational purposes and could potentially benefit the field of social work practice. Therefore, contributing to changes in their interactions with social service agencies.
Descriptive Statistics of the Quantitative Analysis

Frequency distribution. The ratio variables Age, Education and Annual Income measure demographic data regarding respondents’ age, years of education in the United States and annual, individual income. The variables are operationalized with the items: “What is your age?”, “How many years of education do you have in the United States?” and “What is your annual income?” There are not any provided response options for these variables. The research question for the study is: What is the demographic make-up, including age, years of education in the United States and annual income, of the respondents?

Measures of central tendency and dispersion. The ordinal variables measure the respondents’ opinion regarding client satisfaction with social service agencies based on interpreter service type used. The variables are operationalized with the items: “How satisfied were you with the professional interpreting services that you received?” and “Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?” The provided response options for the first variable were; 1 (“Not at All satisfied”), 2 (“Not Very Satisfied”, 3 (“Neutral”), 4 (“Somewhat satisfied”), and 5 (“Very Satisfied”). The provided response options for the second variable were written in a similar Linkert format with different wording; 1 (“Strongly Disagree”), 2 (“Disagree”), 3 (Neither Agree nor Disagree”), 4 (“Agree”), and 5 (“Strongly Agree”). The overarching research question for the study is: Are client’s more satisfied with social services when using a professional interpreter or an ad hoc (family, friends or community members) interpreter?
Inferential Statistics of the Quantitative Analysis

Chi square. The first ordinal variable, SatPro, in this study measures the respondents’ satisfaction with professional interpreting in social service settings, and the second ordinal variable, ConfPro, measures respondent’s confidence that their privacy and confidentiality being protected with professional interpreters. The SatPro variable is operationalized with the item: “How satisfied were you with the professional interpreting services that you received?” The provided response options are 1 ("Not at all satisfied"), 2 ("Not very satisfied"), 3 ("Neutral"), 4 ("Somewhat satisfied"), and 5 ("Very Satisfied"). The ConfPro variable is operationalized with the item: “Do you feel that your privacy and the rules of confidentiality are most protected when you use professional interpreter services?” The provided response options range from 1 ("Strongly Disagree"), 2 ("Disagree"), 3 ("Neither Agree nor Disagree"), 4 ("Agree"), and 5 ("Strongly Agree").

The research question for the study is: Is there an association between client satisfaction with professional interpreters in social service settings and the degree to which they are confident that the professional interpreter will protect their privacy and confidentiality? The hypothesis for the study is: There is an association between client satisfaction with professional interpreters in social service settings and the degree to which they are confident that the professional interpreter will protect their privacy and confidentiality. The null hypothesis for the study is: There is no an association between client satisfaction with professional interpreters in social service settings and the degree to which they are confident that the professional interpreter will protect their privacy and confidentiality.
The second association analyzes the ordinal variable, SatAd, that measures the respondents’ satisfaction with ad hoc (family, friends or community members) interpreting in social service settings and the second ordinal variable, ConfAd, measures respondent’s confidence that their privacy and confidentiality being protected with ad hoc interpreters. The SatAd variable is operationalized with the item: “Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?” The provided response options are 1 (“Strongly Disagree”), 2 (“Disagree”), 3 (“Neither Agree nor Disagree”), 4 (“Agree”), and 5 (“Strongly Agree”). The ConfAd variable is operationalized with the item: “Do you feel that your privacy and the rules of confidentiality are most protected when you use ad hoc (family, friends and community members) interpreter services?” The provided response options range from 1 (“Strongly Disagree”), 2 (“Disagree”), 3 (“Neither Agree nor Disagree”), 4 (“Agree”), and 5 (“Strongly Agree”).

The research questions for the study is: Is there an association between client satisfaction with ad hoc interpreters in social service settings and the degree to which they are confident that the ad hoc interpreter will protect their privacy and confidentiality? The hypothesis for the study is: There is an association between client satisfaction with ad hoc interpreters in social service settings and the degree to which they are confident that the ad hoc interpreter will protect their privacy and confidentiality. The null hypothesis for the study is: There is no an association between client satisfaction with ad hoc interpreters in social service settings and the degree to which they are confident that the ad hoc interpreter will protect their privacy and confidentiality.
Correlation. The first ordinal variable, SatPro, in this study measures the respondents’ satisfaction with professional interpreting in social service settings. This variable is operationalized with the item: “How satisfied were you with the professional interpreting services that you received?” The provided response options are 1 (“Not at all satisfied”), 2 (“Not very satisfied”), 3 (“Neutral”), 4 (“Somewhat satisfied”), and 5 (“Very Satisfied”). In the study, the ratio variable, Education, in the study measures years of education in the United States. This variable is operationalized with the item: “How many years of education do you have in the United States?” The given responses range from 0 to 16 years.

The research question for the study is: What is the relationship between client satisfaction with professional interpreting in social services settings and the years of education they have in the United States? The hypothesis for the study is: There is a relationship between client satisfaction with professional interpreting in social services settings and the years of education they have in the United States. The null hypothesis for the study is: There is no relationship between client satisfaction with professional interpreting in social services settings and the years of education they have in the United States.

The second correlation analysis includes the ordinal variable, SatAd, which measures the respondents’ satisfaction with ad hoc (family, friends and community members) interpreting in social service settings. This variable is operationalized with the item: “Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?” The provided response options range from 1 (“Strongly Disagree”), 2
The ratio variable, Education, in the study measures the years of education in the United States. This variable is operationalized with the item: “How many years of education do you have in the United States?” The given responses range from 0 to 16 years.

The research question for the study is: What is the relationship between client satisfaction with ad hoc (family, friends and community members) interpreting in social services settings and the years of education have in the United States? The hypothesis for the study is: There is a relationship between client satisfaction with ad hoc (family, friends and community members) interpreting in social services settings and the years of education they have in the United States. The null hypothesis for the study is: There is no relationship between client satisfaction with ad hoc (family, friends and community members) interpreting in social services settings and the years of education they have in the United States.

Results

Descriptive Statistics

The first descriptive statistic reported responses to the research question: What is the demographic make-up, including age, years of education in the United States and annual income, of the respondents? The ratio variables were statistically analyzed with a frequency distribution. Table 1 and Figure 1 show the findings of the Age variable to be 3 respondents are between 31-40 years old, 12 respondents are between 41-50 years old, 13 respondents are between 51-60 years old, 16 respondents are between 61-70 years old, 4 respondents are between 71-80 years old and 2 respondents are between 81-90 years
old. These findings indicate that the minority of the sample are respondents ages 31-40 years and 71-90 years, comprising 10% of the sample.

### Table 1
**Distribution of Sample Age**

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<td>60.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>56.0</td>
</tr>
<tr>
<td>61.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>58.0</td>
</tr>
<tr>
<td>62.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>60.0</td>
</tr>
<tr>
<td>63.00</td>
<td>2</td>
<td>4.0</td>
<td>4.0</td>
<td>64.0</td>
</tr>
<tr>
<td>Age</td>
<td>Frequency</td>
<td>Low</td>
<td>High</td>
<td>Total</td>
</tr>
<tr>
<td>------</td>
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<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>64.00</td>
<td>3</td>
<td>6.0</td>
<td>6.0</td>
<td>70.0</td>
</tr>
<tr>
<td>65.00</td>
<td>4</td>
<td>8.0</td>
<td>8.0</td>
<td>78.0</td>
</tr>
<tr>
<td>66.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>80.0</td>
</tr>
<tr>
<td>68.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>82.0</td>
</tr>
<tr>
<td>70.00</td>
<td>3</td>
<td>6.0</td>
<td>6.0</td>
<td>88.0</td>
</tr>
<tr>
<td>71.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>90.0</td>
</tr>
<tr>
<td>73.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>92.0</td>
</tr>
<tr>
<td>74.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>94.0</td>
</tr>
<tr>
<td>78.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>96.0</td>
</tr>
<tr>
<td>83.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>98.0</td>
</tr>
<tr>
<td>86.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 1**

DISTRIBUTION OF SAMPLE AGE

What is your age?

![Bar chart showing the distribution of sample age.](chart.png)
Table 2 shows the findings of the Education variable to be 37 respondents have 0 years, 6 respondents have 1 year, 4 respondents have 4 years, 2 respondents have 6 years and 1 respondent has 16 years. These findings indicate that the minority of the sample are respondents who have 1 or more years of education in the United States, totaling 26% of the sample.

**Table 2**

**DISTRIBUTION OF SAMPLE YEARS OF EDUCATION IN THE US**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>.00</td>
<td>37</td>
<td>74.0</td>
<td>74.0</td>
<td>74.0</td>
</tr>
<tr>
<td>1.00</td>
<td>6</td>
<td>12.0</td>
<td>12.0</td>
<td>86.0</td>
</tr>
<tr>
<td>4.00</td>
<td>4</td>
<td>8.0</td>
<td>8.0</td>
<td>94.0</td>
</tr>
<tr>
<td>6.00</td>
<td>2</td>
<td>4.0</td>
<td>4.0</td>
<td>98.0</td>
</tr>
<tr>
<td>16.00</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows the findings of the Annual Income variable to be 36 respondents not provided, 2 respondents between 0-$10,000/year, 3 respondents between $11,000-20,000/year, 5 respondents between $21,000-30,000/year, 1 respondent between $31,000-40,000/year, 2 respondents between $41,000-50,000/year, and 1 respondent between $51,000-60,000/year. These findings indicate that the minority of the sample are respondents who reported income, comprising 26% of the sample.

**Table 3**

**DISTRIBUTION OF SAMPLE ANNUAL INCOME**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Provided</td>
<td>36</td>
<td>72.0</td>
<td>72.0</td>
<td>72.0</td>
</tr>
<tr>
<td>0-10K</td>
<td>2</td>
<td>4.0</td>
<td>4.0</td>
<td>76.0</td>
</tr>
</tbody>
</table>
The second descriptive statistic reported responses to the research question: Are client’s more satisfied with social services when using a professional interpreter or an ad hoc (family, friends or community members) interpreter? The ordinal variable was statistically analyzed with measures of central tendency and dispersion. These measures represent respondents’ satisfaction with professional interpreter services and ad hoc (family, friends or community members) in social service settings.

### TABLE 4
SAMPLE SATISFACTION WITH INTERPRETER SERVICE IN SOCIAL SERVICES

<table>
<thead>
<tr>
<th></th>
<th>How satisfied were you with the professional interpreting services you received?</th>
<th>Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valid 50</td>
<td>50</td>
</tr>
<tr>
<td>N</td>
<td>Missing 0</td>
<td>0</td>
</tr>
<tr>
<td>Mean</td>
<td>3.9800</td>
<td>3.5400</td>
</tr>
<tr>
<td>Median</td>
<td>4.0000</td>
<td>4.0000</td>
</tr>
<tr>
<td>Mode</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>.95810</td>
<td>1.60624</td>
</tr>
<tr>
<td>Skewness</td>
<td>-.104</td>
<td>-.675</td>
</tr>
<tr>
<td>Std. Error of Skewness</td>
<td>.337</td>
<td>.337</td>
</tr>
<tr>
<td>Sum</td>
<td>199.00</td>
<td>177.00</td>
</tr>
</tbody>
</table>
Table 4 shows that, of the 50 respondents, the mean response to “How satisfied were you with the professional interpreting services you received?” was 3.98 with a standard deviation of .96.

**TABLE 5**
FREQUENCY OF SAMPLE SATISFACTION WITH PROFESSIONAL INTERPRETERS

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not very satisfied</td>
<td>1</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Neutral</td>
<td>20</td>
<td>40.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>8</td>
<td>16.0</td>
<td>16.0</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>21</td>
<td>42.0</td>
<td>42.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5 shows that the lowest rating was 2 (“Not very satisfied”) and the maximum rating was 5 (“Very Satisfied”). Table 4 also depicts that, of the 50 respondents, the mean response to “Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?” was 3.54 with a standard deviation of 1.61.

**TABLE 6**
FREQUENCY OF SAMPLE SATISFACTION WITH PROFESSIONAL INTERPRETERS

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>12</td>
<td>24.0</td>
<td>24.0</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>8</td>
<td>16.0</td>
<td>16.0</td>
</tr>
<tr>
<td>Agree</td>
<td>9</td>
<td>18.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>21</td>
<td>42.0</td>
<td>42.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 6 shows that the lowest rating was 1 (“Strongly Disagree) and the maximum rating was 5 (“Strongly Agree”).

**Inferential Statistics**

**Association.** Using two ordinal variables, chi-square analysis was conducted for the research question: Is there an association between client satisfaction with professional interpreters in social service settings and the degree to which they are confident that the professional interpreter will protect their privacy and confidentiality? The following table displays the results of the chi square analysis (Table 7).

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>22.104a</td>
<td>12</td>
<td>.036</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>20.242</td>
<td>12</td>
<td>.063</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>2.482</td>
<td>1</td>
<td>.115</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a. 16 cells (80.0%) have expected count less than 5. The minimum expected count is .06.

Table 7 shows a p-value of .036 for the chi-square between the variables client satisfaction with professional interpreting in social service settings (SatPro) and whether the client feels that the rules of privacy and confidentiality are being protected (ConfPro). The p-value is less than .05. Thus, we reject the null hypothesis and suggest that the data does present a significant association between client satisfaction with professional interpreters in social service settings and the degree to which they are confident that the professional interpreter will protect their privacy and confidentiality.
A second chi-square analysis was conducted for the research question: Is there an association between client satisfaction with ad hoc interpreters in social service settings and the degree to which they are confident that the ad hoc interpreter will protect their privacy and confidentiality?

**TABLE 8**
CHI-SQUARE TEST FOR SATAD AND CONFAD VARIABLES

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>29.761a</td>
<td>12</td>
<td>.003</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>27.916</td>
<td>12</td>
<td>.006</td>
</tr>
<tr>
<td>Linear-by-Linear Assoc</td>
<td>.020</td>
<td>1</td>
<td>.886</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 17 cells (85.0%) have expected count less than 5. The minimum expected count is .16.

Table 8 shows a p-value of .003 for the chi-square between the variables client satisfaction with ad hoc (family, friends and community members) interpreting in social service settings (SatAd) and whether the client feels that the rules of privacy and confidentiality are being protected (ConfAd). The p-value is less than .05. Thus, we reject the null hypothesis and suggest that the data does present a significant association between client satisfaction with ad hoc interpreters in social service settings and the degree to which they are confident that the ad hoc interpreter will protect their privacy and confidentiality.
Correlation. Using an ordinal and ratio variable, correlation analysis was conducted for the research question: What is the relationship between client satisfaction with professional interpreting in social services settings and the years of education they have in the United States? Table 9 displays the results of the correlation analysis.

<table>
<thead>
<tr>
<th>How many years of education do you have in the United States?</th>
<th>How satisfied were you with the professional interpreting services you received?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>Sig. (2-tailed)</td>
</tr>
<tr>
<td>-.080</td>
<td>.581</td>
</tr>
</tbody>
</table>

Table 9 displays the relationship between the two variables, client satisfaction with professional interpreting in social service settings (SatPro) and reported years of education in the United States (Education), with inferential statistics. The calculated correlation ($r = -.080$, $p < .001$) represents a weak, nearly non-existent, negative correlation. In other words, as respondents’ were more satisfied with professional interpreting in social services settings, there were not any significant changes in their reported years of education in the United States. With a $p$-value greater than .05 ($p < .001$), we fail to reject the null hypothesis. The hypothesis that the more education in the US, the less satisfied with professional interpreting services or the less education in the US, the more satisfied with professional interpreting services.

Using an ordinal and ratio variable, a second correlation analysis was conducted for the research question: What is the relationship between client satisfaction with ad hoc
(family, friends and community members) interpreting in social services settings and the years of education they have in the United States? Table 10 displays the results of the correlation analysis.

TABLE 10

RELATIONSHIP BETWEEN SATAD AND EDUCATION VARIABLES

<table>
<thead>
<tr>
<th>Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?</th>
<th>Pearson Correlation Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-.262</td>
<td>.066</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

Table 10 displays the relationship between the two variables, client satisfaction with ad hoc (family, friends and community members) interpreting in social service settings (SatAd) and reported years of education in the United States (Education), with inferential statistics. The calculated correlation ($r = -.262$, $p < .001$) represents a weak, negative correlation. This means the more years of education in the US, the less satisfied with using ad hoc interpreters, or the less years of education in the US, the more satisfied with using ad hoc interpreters. With a p-value greater than .05 ($p < .001$), we fail to reject the null hypothesis that there isn’t a relationship between client satisfaction with ad hoc interpreting in social services settings and the years of education they have in the United States.


Discussion

Key Findings and Considerations

The purpose of this study was to examine responses to the Client Satisfaction with Interpreter and Social Service questionnaire and identify the relationship between the use of interpreter services and client’s satisfaction with social services. Using similar variables statistical significance has been found in previous research poling clinicians, but minimal sampling the experience and opinion of clients. Moreover, issues surrounding effective use and availability of professional interpreters contribute to the frequency that ad hoc (family, friends and community members) interpreters needed in social service settings (Gerrish, Chau, Sobowale & Birks, 2004).

Running a chi-square test established that the data shows a significant association (p = .036) between client satisfaction with professional interpreters in social service settings and the degree to which they are confident that the professional interpreter will protect their privacy and confidentiality. The second chi-square test further strengthened this finding. The analysis resulted an association of greater significance (p = .003) between client satisfaction with ad hoc interpreters in social service settings and the degree to which they are confident that the ad hoc interpreter will protect their privacy and confidentiality. Thus, indicating that client’s find the rules of confidentiality to be an important factor in being satisfied with social services. Therefore, it is the professional’s responsibility to emphasize the parameters around disclosure and the client’s rights when using any type of interpreting service.
Although we failed to reject the null hypothesis (p > .05) that there isn’t a relationship between client satisfaction with professional or ad hoc interpreting in social services and the years of education in the United States, it may be important to note that the relationship was slightly stronger with the latter combination. The findings infer that years of education contribute to an increased amount of client satisfaction. Respondents who had reported having no formal education in the United States were more likely to be satisfied with ad hoc (family, friends and community members) interpreters. Respondents who had one to sixteen years of education in the United States were more likely to be satisfied with professional interpreting services in social service settings. The negative correlation suggests that as respondents were more satisfied with ad hoc interpreting in social services settings their reported years of education in the United States decreased. The relationship could be influenced by the amount of knowledge respondents have regarding their rights around access to interpreter services and the rules of confidentiality. If clients were properly informed, the relationship could present differently. Additional research is needed to examine this potential correlation, however the weak relationship could suggest that the less educated a client is the more likely they are to need or want to supply their own interpreter (Gerrish, Chau, Sobowale & Birks, 2004).

The social work profession should consider the applicability of these results to future practice. Not only is it critical that the rules of privacy and confidentiality are made clear and understood by all parties in the professional relationship, but practitioners must adapt their skills and knowledge to meet cross-cultural demands. Interpreters, whether professional or ad hoc, may be taking on this role more than our professional
ethics would recommend. As past research has shown, it is necessary for social work professionals to acquire multifaceted skills when working in such settings. It is challenging and a “complex process” that the practitioner must prepare for (O’Hara & Akinsulure-Smith, 2011). A commitment to continued education is essential to the preparation process and in implementation. Furthermore, equal access to education and training after high school would strengthen our profession by gaining more competent and influential bilingual or non-native American practitioners who can help bridge the gaps in services (Li, Pearson & Escott, 2010).

**Implications**

To move forward from this study to field practice, it is critical for clinicians to understand “the implications of a lack of cultural awareness, particularly with regard to differing belief systems, and a failure to appreciate that illness may be expressed differently, are as serious as the implications of language differences for accurate diagnosis and clinical safety” (Dawood & Bains, 2011, p. 56). Similarly, this study also found that “effective communication improves health outcomes… [Practitioners] have responsibilities to their [clients] that can be fully met only by effective communication. Lack of adequate professional interpreting services presents a barrier for all non-English speaking [clients], but this barrier is larger for those with psychological and emotional difficulties that can only be explored verbally” (Jones & Gill, 1998, p. 1445).

The affect of language barriers on social service practice has been studied for decades. Yet, lack in support for advancing interpreter services and culturally competent education remains. “A truly effective solution requires the political will to develop a comprehensive strategy at national level” (Jones & Gill, 1998, p. 1446). More
comprehensive research is needed to demonstrate why, “more is needed in language
services so as to ensure the equality of every citizen in accessing… services” (Li, Pearson
& Escott, 2010 p.387). The social work profession would support such pursuits for
cultural competence to advance socially just practice.

Strengths and Limitations of the Research

Strengths and limitations arose when conducting this quantitative analysis. A
given strength of the research question was contributing to the seemingly limited research
on effectiveness of interpreter services from the client’s point of view. However, a
limitation of this study included the necessary measure of translating the questionnaire
into non-English languages. This had potential, and quite likely, negatively affected face
validity.

Moreover, ability to apply the findings to the general population decreased. Other
growing population groups to be considered in future research include, but are not limited
to, Latino and Somali peoples. The findings may also lose applicability due to the choice
of sampling method. A convenience sample method has higher risk of sampling bias
than probability methods. Significant findings and substantial discussion may also be
hindered because of this limitation.

Conclusion

In order to fulfill a commitment to the social work profession, practitioners must
be cognizant of social injustices including factors that inhibit access to information,
services, and resources. A current and prevalent concern within American and
international societies is the availability of qualified, professional interpreters in social service settings. This inequality should be addressed at micro, mezzo and macro levels to fully grasp the impact on non-English speaking populations. This research explored one such avenue for examining the effect of interpreter services on client satisfaction. Most importantly, this study may assist the social work profession in moving one step closer to positively changing client experiences within social service agencies.
References


Appendix A

St. Catherine University and the University of St. Thomas School of Social Work
MSW Program

Request for Establishing MSW Clinical Research Committee

STUDENT NAME: ____________________________  Student UST ID#: ____________________________

I have discussed my research with and request that the following comprise my research committee.

CHAIR: ____________________________  Signature: ____________________________  Date: ____________________________

COMMITTEE MEMBERS:

By signing below, committee members acknowledge their responsibility to, at minimum, meet as a committee once each semester; to read and comment on student’s written work, to offer support and guidance throughout the research process and to attend the public presentation of the paper in May.

1. COMMITTEE MEMBER: 
   Name (PLEASE PRINT): ____________________________  Signature: ____________________________  Date: 9/20/12

   Institution/Agency: ____________________________
   Email Address: ____________________________

2. COMMITTEE MEMBER: 
   Name (PLEASE PRINT): ____________________________  Signature: ____________________________  Date: 10/1/13

   Institution/Agency: ____________________________
   Email Address: ____________________________
APPENDIX B

SUBMIT TO: Chair

Instruction for chair: upon receipt of completed Appendix B AND after student has submitted to IRB - "IP" grade for fall semester may be entered.

St. Catherine University and the University of St. Thomas School of Social Work
MSW Program

Approval of Clinical Research Proposal

STUDENT NAME: RaeAnn Hagen

Student UST ID#__________________________

MSW CLINICAL RESEARCH COMMITTEE ACTION:

1. COMMITTEE MEMBER:

X Proposal is Approved with minor amendments

Proposal is Approved with required amendments

Proposal is Not Approved

Clare Thompson
Name (PLEASE PRINT)

Signature

Date

11/18/13

2. COMMITTEE MEMBER:

Proposal is Approved with minor amendments

Proposal is Approved with required amendments

Proposal is Not Approved

Name (PLEASE PRINT)__________________________

Signature__________________________

Date__________________________

Attach details of amendments that must be in place for the Clinical Research Proposal to be approved by the chair.

... All amendments completed ...

3. CHAIR:

Name (PLEASE PRINT)__________________________

Signature__________________________

Date__________________________
APPENDIX B

SUBMITTED: Chair

Instruction for chair: upon receipt of completed Appendix B AND after student has submitted to SLO:
“F” grade for fall semester may be entered.

St. Catherine University and the University of St. Thomas School of Social Work
MSW Program

Approval of Clinical Research Proposal

STUDENT NAME: ___________________________ Student # __________________

MSW CLINICAL RESEARCH COMMITTEE ACTION:

1. COMMITTEE MEMBER:

   Proposal is Approved with minor amendments
   Proposal is Approved with required amendments
   Proposal is Not Approved

   [Signature] Date

   Name (PLEASE PRINT)

2. COMMITTEE MEMBER:

   Proposal is Approved with minor amendments
   Proposal is Approved with required amendments
   Proposal is Not Approved

   [Signature] Date

   Name (PLEASE PRINT)

Sandra Ahmadi

3. CHAIR:

   [Signature] Date

   Name (PLEASE PRINT)

   All amendments completed

   [Signature] Date

   Name (PLEASE PRINT)
Appendix C  Consent Form
ST. CATHERINE UNIVERSITY AND THE UNIVERSITY OF ST. THOMAS

GRSW682 Research Project

The Effects of Interpreter Services on Client Satisfaction in Social Services

I am conducting a study about the effects of interpreter service types on client satisfaction with social services. I invite you to participate in this research. You were selected as a possible participant because you indentified as Hmong or Hmong American in addition to indicating that you have worked with interpreter services in social service settings as a consumer. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: RaeAnn C. Hagen, a graduate student at the School of Social Work, Catherine University/University of St. Thomas and supervised by Dr. Pa Der Vang, Ph. D. MSW, LICSW, LCSW.

Background Information:

This study will look at concerns regarding language interpreting in social services. The researcher reviewed past studies on this topic. The review of past studies suggest that factors affecting interpreting in social services include the interpreter’s level of training and education, cultural competency of the interpreter and social worker, and possible confidential issues that exist in small communities. This study will further explore these factors.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a 16-item questionnaire, which will take approximately 15 minutes. I will ask you the questions in person through an interpreter if required. Your answers will be added to the dataset of all the study participants. It will then be statistically analyzed for significance of the relationship between interpreter service type and client satisfaction in social services. The results of this analysis will then be compared and contrasted with previous research on the effects of language barriers on social work practice.

Risks and Benefits of Being in the Study:

The study has minimal risks. You will be asked to answer questions regarding demographics, the type of interpreter service you most commonly used and your satisfaction with social services. If these topics are sensitive, please inform the researcher or interpreter and you may stop your participation at any time with no repercussions.
The study has a direct benefit of receiving a $2.00 gift certificate for a tri color dessert which can be used to purchase the treat at either a concession stand during the Hmong New Year celebrations or in the markets. The study has indirect benefits in gaining knowledge on the relationship between the use of interpreter service types and client satisfaction with social services that will be used for educational purposes and could potentially benefit the social work profession.

**Confidentiality:**

The information obtained in this research study will not be identified with you, the answers to the questionnaire are anonymous and the results will be kept confidential. Participants will not be identified in any written reports or publications. The interpreter, if one is used, will be asked to keep anything you share confidential. The physical copies of the questionnaires will be kept in a locked file in the researcher’s home and will be destroyed by June 1, 2014. Only the researcher will have access to the data. The SPSS dataset will be kept on a USB device in a locked file in the researcher’s home and will be destroyed by June 1, 2014.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

**Contacts and Questions**

My name is RaeAnn C. Hagen, BSW, LSW. You may ask any questions you have now. If you have questions later, you may contact me at hage6511@stthomas.edu or (320)309-8647. My Research Supervisor’s name is Dr. Pa Der Vang, Ph. D., MSW, LICSW, LCSW. She can be reached at pdvang@stkate.edu or at (651)690-8647. You may also contact the Saint Catherine University Institutional Review Board: John Schmitt, PhD, IRB Chair at (651)690-7739.

You will be given a copy of this form to keep for your records.

**Statement of Consent:**

I have read or had the above information read to me. My questions have been answered to my satisfaction. By proceeding with the survey, you give your consent for this data to be used for research purposes.
Appendix D

Tsab Ntawv Tso Cai
St. Catherine University thiab lub University of St. Thomas

GRSW682 Kev Tshawb Fawb

Tej Yam Tshwm Sim los ntawd Kev Pab Txhais Lus Rau Cov Neeg Txais Kev Pab

Txoj Kev Txaus Siab Hauv Cov Kev Pab Cuam

Kuv tshawb fawb txog tej yam tshwm sim los ntawd kev pab txhais lus rau cov neeg txais kev pab txoj kev txaus siab hauv cov kev pab cuam. Kuv thov caw koj koom tes pab kuv nrog txoj kev tshawb fawb no. Koj tau raug xaiv vim tias koj yog Hmoob los sis Hmoob Mekas xav tau kev pab txhais lus. Thov nyeem tsab ntawv no thiab yog muaj lus nug thov nug ua ntej koj tso cai pab txoj kev tshawb fawb no.

Tus ua qhov kev tshawb fawb no yog: RaeAnn C. Hagen, ib tug kawm ntawv rau hauv lub School of Social Work, St. Catherine University/University of St. Thomas thiab tus saib xyuas yog Dr. Paj Dawb Vaj, Ph.D., MSW, LICSW, LCSW.

Lus Qhia Txog Kev Tsawb Fawb No:

Qhov kev tshawb fawb no yuav tshawb txog kev pab txhais lus rau hauv cov kev pab cuam. Tus tshawb fawb nhriav tau lwm qhov kev tshawb fawb uas twb muaj dua lawm. Nws nhriav tau tias muaj ntau yam los cuam tshuam txoj kev pab txhais lus xws li tus txhais lus txoj kev kawm txhais lus, tus txhais lus thiab tus kws pab neeg txoj kev paub txog kab ke haiv neeg, thiab tej thaua muaj teeb meem hauv ib pawg neeg hais txog tej yam tsis pub lwm tus neeg paub txog los sis xav kom npog cia. Qhov kev tsawb fawb no yuav tshawb ntxiv txog tej kev cuam thauam no.
Cov Txheej Txheem:


Cov Kev Pheej Moo thiab Kev Tau Zoo los ntawd Kev Tshawb Fawb No:

Kev tshawb fawb no muaj kev pheej moo tsawg. Cov lus yuav nug koj muaj xws li koj hnub nyoog, koj haiv neeg, cov kev pab txhais lus koj siv tshaj thiab koj txoj kev txaus siab rau cov kev pab cuam. Yog tias cov lus nug no tsis zoo tham rau koj, thov pab hais rau tus tshawb fawb los sis tus txhais lus yeej tsis muaj teeb meem li cas.

Yog tias koj tso cai pab qhov kev tshawb fawb no, koj yuav tau txais ib qho khoom plig raug nqi $2.00 yuav ib khob nab vam siv tau thaim noj tsiab peb caug los sis tom khws Hmoob. Tsis tag li ntawd, koj yuav paub ntxim txog kev txheeb los ntawd kev txhais lus thiab kev txaus siab rau kev pab cuam uas yuav siv los pab hauv tsev kawm ntawv thiab cov kws pab neeg txoj hauj lwm.

Lus Npog Cia:

Kev Yeem Ntawd Qhov Tsawb Fawb No:

Koj txoj kev pab qhov tshawb fawb no nyob ntawd koj yeem. Yog tias koj tsis xav teb nqi twg, koj tsis teb los tau. Koj txiav txim pab li cas los yuav tsis cuam tshuam koj txoj kev sib raug zoo nrog St. Catherine University, lub University of St. Thomas, los sis lub School of Social Work tam sis no los sis yam tom ntej. Txawm tias koj txiav txim siab yuav pab, koj yeej muaj cai tawm ntawd qhov kev tshawb fawb no tsis muaj teeb meem dab tsi. Yog tias koj txiav txim siab tawm tsis xav teb ntxiv lawm, tus tshawb fawb yuav tsis siv koj cov lus teb.

Muaj Lus Nug

Kuv yog RaeAnn C. Hagen, BSW, LSW. Yog koj muaj lus nug, koj nug tau tam sim no. Yog koj muaj lus nug lwm lub sij hawm, koj sau tuaj rau kuv ntawd hage6511@stthomas.edu los sis hu 320-309-8647. Tus saib xyuas kuv qhov kev tshawb fawb yog Dr. Paj Dawb Vaj, Ph. D., MSW, LICSW, LCSW. Sau tuaj rau nws ntawd pdvang@stkate.edu los sis hu 651-690-8647. Thiab koj hu tau rau Saint Catherine University Institutional Review Board: John Schmitt, PhD, IRB Chair (651)690-7739.

Koj yuav tau txais ib daim theej rau koj khaws cia tom tsev.

Lus tso cai:

Kuv tau nyeem los sis muaj ib tug twb nyeem cov lus nram ntej rau kuv lawm. Lawm teb kuv cov lus nug txaus kuv siab lawm. Yog koj pib teb cov lug nug, koj tso cai rau tus tshawb fawb siv koj cov lus teb rau qhov kev tshawb fawb no.
Appendix E

**Recruitment Protocol**

**St. Catherine University and the University of St. Thomas**

**GRSW682 Research Project**

The Effects of Interpreter Services on Client Satisfaction in Social Services

My name is RaeAnn Hagen, LSW. I am a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas. I am conducting a study about the effects of interpreter service types on client satisfaction with social services. I invite you to participate in this research to help me learn about the challenges you have faced when working with interpreters. Would you be willing to take ten to fifteen minutes to fill out a survey? In return, I would like to give you a gift certificate for a tri color dessert which can be used to purchase the treat at either a concession stand or in the store. Please read this consent form and ask any questions you may have before agreeing to be in the study.
Client Satisfaction with Interpreter and Social Services

FILL IN YOUR ANSWERS

1. What is your age? ____________
2. What gender do you identify with? ____________
3. What is your cultural identity? _______________________
4. What is the primary language spoken in your home? ______________
5. How long have you lived in the United States? ____________
6. How many years of education do you have in the United States? ______________
7. What is your annual income? ____________

CIRCLE YOUR ANSWERS

8. How well do you speak English?
   1 – Not at all
   2 – Poorly
   3 – Neither poorly nor well
   4 – Well
   5 – Fluently

9. How often do you use or have you used interpreter services?
   1 – Never
   2 – Rarely
   3 – Every once in a while
   4 – Sometimes
   5 – Almost Always
10. How often do you use an interpreter in a social service setting?

1 – Never
2 – Rarely
3 – Every once in a while
4 – Sometimes
5 – Almost Always

11. How often do you receive professional interpreting services when you need an interpreter in a social service setting?

1 – Never
2 – Rarely
3 – Every once in a while
4 – Sometimes
5 – Almost Always

12. How frequently do you use professional interpreting services when receiving services in a social service setting?

1 – Never
2 – Rarely
3 – Every once in a while
4 – Sometimes
5 – Almost Always

13. How frequently do you use ad hoc (family, friends or community members) interpreter services when receiving services in a social service setting?

1 – Never
2 – Rarely
3 – Every once in a while
14. How often have you been personally acquainted with the interpreter when using professional interpreting services in a social service setting?

1 – Never
2 – Rarely
3 – Every once in a while
4 – Sometimes
5 – Almost Always

15. How satisfied were you with the professional interpreting services that you received?

1 – Not at all satisfied
2 – Not very satisfied
3 – Neutral
4 – Somewhat Satisfied
5 – Very Satisfied

16. Do you feel that your privacy and the rules of confidentiality are most protected when you use professional interpreter services?

1 – Strongly Disagree
2 – Disagree
3 – Neither Agree nor Disagree
4 – Agree
5 – Strongly Agree
17. Were you more satisfied with the interpreting service when you used ad hoc (family, friends or community members) interpreter services when working with social service agencies?

1 – Strongly Disagree
2 – Disagree
3 – Neither Agree nor Disagree
4 – Agree
5 – Strongly Agree

18. Do you feel that your privacy and the rules of confidentiality are most protected when you use ad hoc (family, friends or community members) interpreter services?

1 – Strongly Disagree
2 – Disagree
3 – Neither Agree nor Disagree
4 – Agree
5 – Strongly Agree

19. Please share any recommendations you have for providers in regards to interpreter services.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix G

Tus Neeg Txais Kev Pab Txoj Kev Txaus Siab Rau Kev Pab Txhais Lus thiab Kev Pab Cuam

SAU KOJ COV LUS TEB

1. Koj muaj hnub nyoog li cas? __________
2. Koj yog poj niam txiv neej los sis lwm yam? __________
3. Koj yog haiv neeg dab tsi? _________________________
4. Koj hais yam lus dab tsi ntau tshaj tom tsev? ______________
5. Koj nyob teb chaws Amelikas ntev li cas lawm? __________
6. Koj kawm ntawv hauv teb chaws Amelikas tau pes tsawg xyoo lawv? __________
7. Ib xyoos koj khwv tau nyiaj npaum li cas? __________

KOS LUB VAJ VOOS RAU KOJ LOS LUS TEB

8. Koj txawj hais lus av kiv zoo npaum li cas?
   1 – Tsis txawj kiąg li
   2 – Tsis paub zoo
   3 – Paub me ntsis
   4 – Paub zoo
   5 – Hais tau npliag

9. Koj siv kev pab txhais lus pes tswag zaus lawm los sis koj puas tau siv dua?
   1 – Tsis tau siv li
   2 – Tsis tshua siv
   3 – Siv qee lub sij hawm
4 – Tej thaum siv
5 – Siv txhua zaus

10. Nyob rau hauv cov kev pab cuam, koj siv tus pab txhais lus pes tsawg zaus?
1 – Tsis tau siv li
2 – Tsis tshua siv li
3 – Siv qee lub sij hawm
4 – Tej thaum siv
5 – Siv txhua zaus

11. Thaum koj xav tau ib tug pab txhais lus rau hauv kev pab cuam, koj tau txais cov kws pab txhais lus pes tsawg zaus?
1 – Tsis tau txais li
2 – Tsis tshua txais li
3 – Txais qee lub sij hawm
4 – Tej thaum txais
5 – Txais txhua zaus

12. Thaum nyob rau hauv ib qho kev pab cuam, koj siv cov kws pab txhais lus pes tsawg zaus?
1 – Tsis tau siv li
2 – Tsis tshua siv li
3 – Siv qee lub sij hawm
4 – Tej thaum siv
5 – Siv txhua zaus
13. Nyob rau hauv ib qho kev pab cuam, koj siv tus txhais lus uas yog ib tug txheeb ze los sis ib tug phooj ywg uas paub lus pes tsawg zaus?

1 – Tsis tau siv li
2 – Tsis tshua siv li
3 – Siv qee lub sij hawm
4 – Tej thaum siv
5 – Siv txhua zaus

14. Thaum koj siv tus kws txhais lus, puas tau muaj lub sij hawm uas koj twb paub tus kws txhais lus ua ntej lub sij hawm ntawd?

1 – Tsis tau muaj li
2 – Tsis tshua muaj li
3 – Muaj qee lub sij hawm
4 – Tej thaum muaj
5 – Muaj txhua zaus

15. Thaum koj siv cov kws pab txhais lus, koj txaus siab npaum li cas?

1 – Tsis txaus siab li
2 – Tsis tshua txaus siab
3 – Nyob nruab nrab
4 – Txaus siab me ntsis
5 – Txaus siab heev

16. Thaum koj siv tus kws pab txhais lus, koj puas xav tias nws pab npog zoo tshaj tej yam koj tsis xav kom lwm tus paub txog thiab tej yam koj xav npog cia?

1 – Tsis xav li ntawd kiag
17. Koj puas txaus siab tshaj thaum cov txheeb ze los sis cov phooj ywg txhais lus rau koj?
1 – Tsis txaus siab li
2 – Tsis tshua txaus siab
3 – Nyob nruab nrab
4 – Txaus siab me ntsis
5 – Txaus siab heev

18. Thaum koj cov txheeb ze los sis phooj ywg txhais lus rau koj, koj puas xav tias lawv pab npog zoo tshaj tej yam koj tsis xav kom lwm tus paub txog thiab tej yam koj xav npog cia?
1 – Tsis xav li ntawd kiag
2 – Tsis tshua xav li ntawd
3 – Xav me ntsis
4 – Xav li ntawd
5 – Xav li ntawd heev

19. Thov qhia ntxiv txog kev txhais lus rau cov kev pab cuam.